



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan

NAIC Group Code 1311 , 1311 NAIC Company Code 95844 Employer's ID Number 38-2242827
(Current Period) (Prior Period)

Organized under the Laws of Michigan , State of Domicile or Port of Entry Michigan

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
Other [] Is HMO, Federally Qualified? Yes [X] No []

Incorporated/Organized 06/27/1978 Commenced Business 02/08/1979

Statutory Home Office 2850 West Grand Boulevard , Detroit, MI, US 48202
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 2850 West Grand Boulevard
(Street and Number)

Detroit, MI, US 48202 313-872-8100
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 2850 West Grand Boulevard , Detroit, MI, US 48202
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 2850 West Grand Boulevard
(Street and Number)

Detroit, MI, US 48202 248-443-1093
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.hap.org

Statutory Statement Contact Dianna L. Ronan CPA , 248-443-1093
(Name) (Area Code) (Telephone Number) (Extension)

dronan@hap.org 248-443-8610
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Teresa Lynn Kline</u> ,	<u>President and CEO</u>	<u>Richard Evan Swift #</u> ,	<u>Treasurer</u>
<u>Michelle Denise Johnson-Tidjani,</u>			
<u>Esq. #</u> ,	<u>Secretary</u>	<u>Annmarie Erickson #</u> ,	<u>Assistant Secretary</u>

OTHER OFFICERS

_____ , _____ , _____

DIRECTORS OR TRUSTEES

<u>Marvin Watson Beatty</u>	<u>Shari Lee Burgess</u>	<u>Sandra Ann Cavette MPH RDH</u>	<u>Rosalind Eileen Denning</u>
<u>Colleen Marie Ezzeddine Ph D</u>	<u>Joyce Viocha Hayes-Giles</u>	<u>Harvey Hollins III</u>	<u>Jamie Chin-Chen Hsu Ph D</u>
<u>Teresa Lynn Kline</u>	<u>Wright Lowenstein Lassiter III</u>	<u>Raymond Carmelo Lope'</u>	<u>Judith Stephanie Milosic</u>
<u>Susanne Mary Mitchell</u>	<u>Marguerite Subranni Rigby</u>	<u>Michelle Block Schreiber MD</u>	<u>James G Vella</u>
_____	_____	_____	_____
_____	_____	_____	_____

State of _____Michigan_____ ss
County of _____Wayne_____

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

<u>Teresa Lynn Kline</u> President and CEO	<u>Richard Evan Swift</u> Treasurer	<u>Michelle Denise Johnson-Tidjani, Esq.</u> Secretary
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Subscribed and sworn to before me this _____ day of _____ ,

a. Is this an original filing? Yes [X] No []
b. If no:
1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

Roderick Irwin Curry, Notary
August 14, 2020

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Health Alliance Plan of Michigan

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

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[illegible]

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	12,174,257	15,183,969		10,118,448	12,174,257	9,496,268
2. Claim overpayment receivables .....					.0	
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables	1,158,807	653,816		909,167	1,158,807	1,101,375
5. Risk sharing receivables	7,430,898		565,439		7,996,337	7,996,337
6. Other health care receivables	13,205,007	10,294,004		15,161,361	13,205,007	9,957,402
7. Totals (Lines 1 through 6)	33,968,969	26,131,789	565,439	26,188,975	34,534,408	28,551,382

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Health Alliance Plan of Michigan

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Health Alliance Plan of Michigan

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	25,362,305		11,632,906	13,729,399	13,729,399	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	25,362,305	0	11,632,906	13,729,399	13,729,399	0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Health Alliance Plan of Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION				Health Alliance Plan of Michigan				2.				(LOCATION)			
NAIC Group Code		1311		BUSINESS IN THE STATE OF Michigan				DURING THE YEAR 2017				NAIC Company Code		95844	
		1		Comprehensive (Hospital & Medical)		4		5		6		7		8	
				2		3								9	
		Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan	
														Title XVIII Medicare	
														Title XIX Medicaid	
Total Members at end of:															
1. Prior Year		287,960		11,644		196,858						18,094		61,364	
2 First Quarter		272,897		18,035		176,613						17,295		60,954	
3 Second Quarter		268,325		16,595		174,512						16,432		60,786	
4 Third Quarter		262,216		15,490		169,933						16,084		60,709	
5 Current Year		257,944		14,295		167,150						15,939		60,560	
6 Current Year Member Months		3,198,571		195,422		2,074,968						198,591		729,590	
Total Member Ambulatory Encounters for Year:															
7 Physician		1,615,493		56,352		864,746						105,149		589,246	
8 Non-Physician		1,941,230		63,806		966,498						127,078		783,848	
9 Total		3,556,723		120,158		1,831,244		0		0		0		232,227	
10 Hospital Patient Days Incurred		200,392		2,152		28,057						7,253		162,930	
11 Number of Inpatient Admissions		31,280		614		9,115						2,010		19,541	
12 Health Premiums Written (b).....		1,833,895,827		50,840,520		964,910,491						119,259,797		698,885,020	
13 Life Premiums Direct.....		0													
14 Property/Casualty Premiums Written.....		0													
15 Health Premiums Earned.....		1,833,895,827		50,840,520		964,910,491						119,259,797		698,885,020	
16 Property/Casualty Premiums Earned.....		0													
17 Amount Paid for Provision of Health Care Services		1,625,820,533		42,472,234		824,530,181						114,231,875		644,586,243	
18 Amount Incurred for Provision of Health Care Services		1,641,073,507		45,124,507		846,980,756						113,296,807		635,671,437	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$698,885,020



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Health Alliance Plan of Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Health Alliance Plan of Michigan 2. _____ (LOCATION)

NAIC Group Code	1311	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2017				NAIC Company Code		95844
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	287,960	11,644	196,858	0	0	0	18,094	61,364	0	0
2. First Quarter	272,897	18,035	176,613	0	0	0	17,295	60,954	0	0
3. Second Quarter	268,325	16,595	174,512	0	0	0	16,432	60,786	0	0
4. Third Quarter	262,216	15,490	169,933	0	0	0	16,084	60,709	0	0
5. Current Year	257,944	14,295	167,150	0	0	0	15,939	60,560	0	0
6. Current Year Member Months	3,198,571	195,422	2,074,968	0	0	0	198,591	729,590	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,615,493	56,352	864,746	0	0	0	105,149	589,246	0	0
8. Non-Physician	1,941,230	63,806	966,498	0	0	0	127,078	783,848	0	0
9. Total	3,556,723	120,158	1,831,244	0	0	0	232,227	1,373,094	0	0
10. Hospital Patient Days Incurred	200,392	2,152	28,057	0	0	0	7,253	162,930	0	0
11. Number of Inpatient Admissions	31,280	614	9,115	0	0	0	2,010	19,541	0	0
12. Health Premiums Written (b).....	1,833,895,827	50,840,520	964,910,491	0	0	0	119,259,797	698,885,020	0	0
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	1,833,895,827	50,840,520	964,910,491	0	0	0	119,259,797	698,885,020	0	0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	1,625,820,533	42,472,234	824,530,181	0	0	0	114,231,875	644,586,243	0	0
18. Amount Incurred for Provision of Health Care Services	1,641,073,507	45,124,507	846,980,756	0	0	0	113,296,807	635,671,437	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$698,885,020

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Health Alliance Plan of Michigan

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

[illegible]

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SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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Schedule S - Part 4
NONE

Schedule S - Part 5
NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums.....	1,181	1,589	1,502	690	489
2. Title XVIII-Medicare.....	36	29	56	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....	(248)	1,678	5,788	6,595	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....	0	82	221	239	0
8. Reinsurance recoverable on paid losses.....	243	2,319	5,268	4,455	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	481,917,060		481,917,060
2. Accident and health premiums due and unpaid (Line 15).....	35,276,121		35,276,121
3. Amounts recoverable from reinsurers (Line 16.1).....	243,102		243,102
4. Net credit for ceded reinsurance.....	XXX	243,102	243,102
5. All other admitted assets (Balance).....	44,746,107		44,746,107
6. Total assets (Line 28)	562,182,389	243,102	562,425,491
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	176,759,540	0	176,759,540
8. Accrued medical incentive pool and bonus payments (Line 2).....	8,699,078		8,699,078
9. Premiums received in advance (Line 8).....	10,318,691		10,318,691
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	137,136,025		137,136,025
15. Total liabilities (Line 24).....	332,913,333	0	332,913,333
16. Total capital and surplus (Line 33).....	229,269,056	XXX	229,269,056
17. Total liabilities, capital and surplus (Line 34)	562,182,389	0	562,182,389
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	243,102		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	243,102		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	243,102		

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Health Alliance Plan of Michigan

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. US Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CAN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Health Alliance Plan of Michigan

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01311	Henry Ford Health Systems Group	95844	38-2242827				Health Alliance Plan of Michigan	MI	RE	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		38-2513504				HAP Preferred Inc		DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	Y	.0
01311	Henry Ford Health Systems Group	60134	38-3291563				Alliance Health and Life Insurance Company	MI	DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	N	.0
	Henry Ford Health Systems Group		38-2651185				Administration System Research Corporation		DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	Y	.0
	Henry Ford Health Systems Group		27-0449055				HAP Community Alliance		DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	N	.0
01311	Henry Ford Health Systems Group	95814	38-3123777				HAP Midwest Health Plan, Inc.	MI	DS	Health Alliance Plan of Michigan	Ownership	100.0	Henry Ford Health System	N	.0
	Henry Ford Health Systems Group		38-1357020				Henry Ford Health System		UDP			0.0			.0
	Henry Ford Health Systems Group		38-2791823				Henry Ford Wyandotte		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		38-2947657				Henry Ford Macomb Hospital		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		38-3146042				PHO of Mercy Macomb		NIA	Henry Ford Health System	Ownership	50.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		38-2947657				Mercy Mt. Clemens Real Estate, LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		38-2565235				Fairlane Health Services Corp		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		33-1210726				Neighborhood Development LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		45-3852852				Henry Ford Health System Employment, LLC		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		90-0840304				Henry Ford Innovation Institute		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		38-2433285				Henry Ford Continuing Care Corp		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		38-6553031				Henry Ford Health Care Corp Self Funded Liability Plan		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		23-7383042				Henry Ford Health System Foundation		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		32-0306774				Henry Ford Physician Network		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		38-3232668				Northwest Detroit Dialysis Centers		NIA	Henry Ford Health System	Ownership	56.3	Henry Ford Health System		.0
	Henry Ford Health Systems Group		45-5325853				Home Dialysis Specialty Center		NIA	Henry Ford Health System	Ownership	30.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		26-0423581				Macomb Regional Dialysis Centers LLC		NIA	Henry Ford Health System	Ownership	60.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		38-1378121				Sha Realty Corp		NIA	Henry Ford Health System	Ownership	100.0	Henry Ford Health System		.0
	Henry Ford Health Systems Group		90-0659735				Center for Senior Independence		NIA	Henry Ford Health System	Ownership	50.0	Henry Ford Health System		.0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Health Alliance Plan of Michigan

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
	Henry Ford Health Systems Group.....		26-3896897.....				Henry Ford West Bloomfield.....		NIA.....	Henry Ford Health System.....	Ownership.....	100.0.....	Henry Ford Health System.....		.....0
	Henry Ford Health Systems Group.....		38-3322462.....				P Cor, LLC (d/b/a Optimeyes).....		NIA.....	Henry Ford Health System.....	Ownership.....	100.0.....	Henry Ford Health System.....		.....0
	Henry Ford Health Systems Group.....		41-2223561.....				Henry Ford Pathology.....		NIA.....	Henry Ford Health System.....	Ownership.....	100.0.....	Henry Ford Health System.....		.....0
	Henry Ford Health Systems Group.....		46-5746225.....				Henry Ford Physicians Accountable Care Org LLC.....		NIA.....	Henry Ford Health System.....	Ownership.....	100.0.....	Henry Ford Health System.....		.....0
	Henry Ford Health Systems Group.....		30-0092342.....				Center for Complementary and Integrative Medicine.....		NIA.....	Henry Ford Health System.....	Ownership.....	100.0.....	Henry Ford Health System.....		.....0
	Henry Ford Health Systems Group.....		46-4064067.....				Henry Ford Health Sys Government Affairs Services.....		NIA.....	Henry Ford Health System.....	Ownership.....	100.0.....	Henry Ford Health System.....		.....0
	Henry Ford Health Systems Group.....		38-3044223.....				Horizon Medical Building, LP.....		NIA.....	Henry Ford Health System.....	Ownership.....	32.0.....	Henry Ford Health System.....		.....0
	Henry Ford Health Systems Group.....		46-5291602.....				HFHS-SCA Holdings, LLC.....		NIA.....	Henry Ford Health System.....	Ownership.....	49.0.....	Henry Ford Health System.....		.....0
	Henry Ford Health Systems Group.....		47-1436663.....				Michigan Metro Dialysis, LLC.....		NIA.....	Henry Ford Health System.....	Ownership.....	20.0.....	Henry Ford Health System.....		.....0
	Henry Ford Health Systems Group.....		38-2756428.....				Henry Ford Allegiance Health Group.....		NIA.....	Henry Ford Health System.....	Ownership.....	100.0.....	Henry Ford Health System.....		.....0
	Henry Ford Health Systems Group.....		38-2024689.....				Henry Ford Allegiance Health.....		NIA.....	Henry Ford Allegiance Health Group.....	Ownership.....	100.0.....	Henry Ford Health System.....		.....0
	Henry Ford Health Systems Group.....		38-1218485.....				Henry Ford Allegiance Carelink.....		NIA.....	Henry Ford Allegiance Health Group.....	Ownership.....	100.0.....	Henry Ford Health System.....		.....0
	Henry Ford Health Systems Group.....		38-3607833.....				Henry Ford Allegiance Health Foundation.....		NIA.....	Henry Ford Allegiance Health Group.....	Ownership.....	100.0.....	Henry Ford Health System.....		.....0
	Henry Ford Health Systems Group.....		38-3370242.....				Cascades Professional Staffing Corporation.....		NIA.....	Henry Ford Allegiance Health Group.....	Ownership.....	100.0.....	Henry Ford Health System.....		.....0
	Henry Ford Health Systems Group.....		37-2756161.....				Viking Health Systems.....		NIA.....	Henry Ford Allegiance Health Group.....	Ownership.....	100.0.....	Henry Ford Health System.....		.....0
	Henry Ford Health Systems Group.....		38-2756425.....				Healthlink.....		NIA.....	Henry Ford Allegiance Health Group.....	Ownership.....	100.0.....	Henry Ford Health System.....		.....0
	Henry Ford Health Systems Group.....		45-3253643.....				Jackson Health Network, L3C.....		NIA.....	Henry Ford Allegiance Health Group.....	Ownership.....	100.0.....	Henry Ford Health System.....		.....0
	Henry Ford Health Systems Group.....		98-1132982.....				Cascades Insurance Company, LTD.....		IA.....	Henry Ford Allegiance Health Group.....	Ownership.....	100.0.....	Henry Ford Health System.....		.....0
	Henry Ford Health Systems Group.....						Telehealth Michigan.....		NIA.....	Henry Ford Allegiance Health Group.....	Ownership.....	100.0.....	Henry Ford Health System.....		.....0
	Henry Ford Health Systems Group.....		38-2594857.....				Physicians Choice Network, LLC.....		NIA.....	Henry Ford Allegiance Health Group.....	Ownership.....	100.0.....	Henry Ford Health System.....		.....0
	Henry Ford Health Systems Group.....						It's Your Life Services, LLC.....		NIA.....	Henry Ford Allegiance Health Group.....	Ownership.....	100.0.....	Henry Ford Health System.....		.....0
	Henry Ford Health Systems Group.....		38-2336367.....				Henry Ford Allegiance Hospice.....		NIA.....	Henry Ford Allegiance Health Group.....	Ownership.....	100.0.....	Henry Ford Health System.....		.....0
	Henry Ford Health Systems Group.....		37-1502443.....				Jackson Community Medical Record, L3C.....		NIA.....	Henry Ford Allegiance Health Group.....	Ownership.....	100.0.....	Henry Ford Health System.....		.....0
												0.0.....			.....0
												0.0.....			.....0

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation
----------	-------------

42

42

42

42

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2.	Will an actuarial opinion be filed by March 1?	.....YES.....
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	.....YES.....
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
AUGUST FILING		
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....SEE EXPLANATION.....
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....SEE EXPLANATION.....
17.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
18.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
APRIL FILING		
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....YES.....
23.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....YES.....
AUGUST FILING		
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES.....

Explanation:

11.
12.
13. Not applicable
14.
15.
16. Health Alliance Plan writes Medicare Part D through its Medicare Advantage Plan
17. Not applicable
18. Not applicable
19. Not applicable
20.
21.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Bar code:

11. 9 5 8 4 4 2 0 1 7 3 6 0 5 9 0 0 0

12. 9 5 8 4 4 2 0 1 7 2 0 5 0 0 0 0 0

14. 9 5 8 4 4 2 0 1 7 3 7 1 0 0 0 0 0

15. 9 5 8 4 4 2 0 1 7 3 7 0 0 0 0 0 0

20. 9 5 8 4 4 2 0 1 7 3 0 6 0 0 0 0 0

21. 9 5 8 4 4 2 0 1 7 2 1 1 5 9 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25.
*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2504. Receivable from trusts.....			0	175,860
2505.			0	0
2506.			0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	0	0	0	175,860

M003 Additional Aggregate Lines for Page 03 Line 23.
*LIAB - Liabilities

	1 Covered	2 Uncovered	3 Total	4 Total
2304. Liability for CMS Coverage Gap Discount Program.....	1,694,482		1,694,482	640,035
2305. Group Rating Adjustment.....	1,218,271		1,218,271	
2306. Payable to trusts.....			0	1,032,280
2397. Summary of remaining write-ins for Line 23 from Page 03	2,912,753	0	2,912,753	1,672,315

M005 Additional Aggregate Lines for Page 05 Line 47.
*REVEX2 - Capital and Surplus Account

	1 Current Year	2 Prior Year
4704. 2015 Audit Adjustments.....		4,963,566
4705. Put Option Non-Controlling Interest Administration Systems Research Corp.....		(27,724,185)
4706. 2016 Audit Adjustments.....	(405,806)	
4797. Summary of remaining write-ins for Line 47 from Page 05	(405,806)	(22,760,619)

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LIFE SUPPLEMENTS

For The Year Ended December 31, 2017

(To Be Filed By March 1)

Of The Health Alliance Plan of Michigan Insurance Company
Address (City, State and Zip Code) Detroit, MI 48202
NAIC Group Code 1311 NAIC Company Code 95844 Employer's ID Number 38-2242827